

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155355		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/14/2011	
NAME OF PROVIDER OR SUPPLIER WEST BEND NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 W WASHINGTON AVE SOUTH BEND, IN46619			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: October 11, 12, 13, 14, 2011</p> <p>Facility Number: 000246 Provider Number: 155355 Aim Number: 100275420</p> <p>Survey Team: Bobbie Costigan, RN TC Carol Miller, RN Vicki Manuwal, RN Susan Bruck, RN</p> <p>Census Bed Type: SNF/NF: 82 Total: 82</p> <p>Census by Payor Type: Medicare: 8 Medicaid: 68 Other: 6 Total: 82</p> <p>Sample: 17</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 10/20/11</p>			F0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Compliance.</p> <p>Due to the relative low scope an severity of this survey, this facility respectfully requests a desk review in lieu of a post-survey revisit on or after 11/13/11.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0157 SS=D	<p>Cathy Emswiller RN</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review, the facility failed to notify the physician of blood sugar results that fell within call</p>			F0157	<p>F157 Notification of Changes</p> <p>It is the practice of this provider to immediately inform the resident and, if known, the residents legal representative or interested family</p>		11/13/2011

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	<p>parameters for 3 of 9 diabetic residents reviewed for diabetic call orders in a sample of 17.</p> <p>Resident # 22, # 35, # 39</p> <p>Findings include:</p> <p>1. The clinical record for Resident # 22, reviewed on 10/12/11 at 1:30 P.M., indicated diagnoses of, but not limited to: diabetes mellitus, hypothyroidism, and peripheral vascular disease.</p> <p>A Physician Order, dated 9/4/11, indicated, "...Accu Check... < (less than) 60 or > (greater than) 400 call MD..."</p> <p>Review of the October 1st through 11th, 2011, "Capillary Blood Glucose Monitoring Tool", indicated the following blood sugar that fell within call parameters:</p> <p>10/11/11 1:00 P.M. - Accu Check - 46.</p> <p>Resident # 22's Care Plan, dated 7/6/11, indicated, "...Document abnormal findings and notify MD..."</p> <p>The clinical record lacked documentation of physician notification.</p> <p>2. The clinical record for Resident # 35,</p>			<p>member and physician when there is a significant change in the resident's physical, mental or psychosocial status.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Resident #22 – physician has been notified of previous blood glucose results and is aware of this resident's current status. This resident experienced no negative outcome as a result of this finding.</p> <p>Resident #35 – physician has been notified of previous blood glucose results and is aware of this resident's current status. This resident experienced no negative outcome as a result of this finding.</p> <p>Resident #39 – physician has been notified of previous blood glucose results and is aware of this resident's current status. This resident experienced no negative outcome as a result of this finding.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>All residents with orders for accuchecks/blood glucose monitoring with specific call parameters have the potential to be affected by this finding. A chart audit has been conducted to ensure all residents with accucheck orders have specific call parameters and</p>			

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	<p>reviewed on 10/13/11 at 9:45 A.M., indicated diagnoses of, but not limited to: diabetes mellitus, coronary artery disease, and congestive heart failure.</p> <p>A Physician Order, dated 4/25/11, indicated, "...Accu Checks before meals and bedtime - Call MD if blood sugar < 60 or > 400..."</p> <p>Review of the September 2011, "Capillary Blood Glucose Monitoring Tool", indicated the following blood sugar that fell within call parameters:</p> <p>9/30/11 7:15 A.M. - Accu Check - 54.</p> <p>Resident # 35's Care Plan, dated 5/4/11, indicated, "...Blood sugar testing as ordered, report abnormalities to physician..."</p> <p>The clinical record lacked documentation of physician notification.</p> <p>3. The clinical record for Resident # 39, reviewed on 10/13/11 at 11:10 A.M., indicated diagnoses of, but not limited to: diabetes mellitus, hypertension, and peripheral neuropathy.</p> <p>A Physician Order, dated 1/13/11, indicated, "...Novolog...per sliding scale: 150-200=2 units, 201-250=4 units,</p>			<p>that any blood sugar result noted outside these specified call parameters have been reported to the physician. Any noted discrepancies will be corrected/clarified and reported promptly to the physician. The Nurse Management Team is responsible for completion of this audit.</p> <p><i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</i></p> <p>A mandatory Nursing In-service will be conducted on November 1, 2011. This in-service will include review of the facility policy titled, "Blood Glucose Monitoring". This in-service will emphasize the importance of physician notification and documentation of physician notification for blood glucose results outside the specified call parameters. The SDC/designee will be responsible for conducting this in-service. In addition, the Nurse Management Team will begin reviewing all Blood Glucose Monitoring Flow Records during the morning meeting to ensure physician notification has occurred when necessary.</p> <p><i>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</i></p> <p>To ensure compliance with this</p>			

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	<p>251-300=6 units, 301-350=8 units, 351-400=10 units...< 60 or > 400 call MD **Do not give sliding scale coverage at bedtime - only meals..."</p> <p>Review of the August 2011, "Capillary Blood Glucose Monitoring Tool", indicated the following blood sugars that fell within call parameters:</p> <p>8/8/11 UR (upon rising) - Accu Check - 59. 8/10/11 7:30 A.M. - Accu Check - 48. 8/10/11 8:00 A.M. - Accu Check - 55. 8/19/11 UR (upon rising) - Accu Check - 51.</p> <p>Review of the September 2011, "Capillary Blood Glucose Monitoring Tool", indicated the following blood sugars that fell within call parameters:</p> <p>9/11/11 6:00 P.M. - Accu Check - 53. 9/21/11 9:00 A.M. - Accu Check - 453. 9/28/11 7:00 A.M. - Accu Check - 426.</p> <p>Review of the October 2011, "Capillary Blood Glucose Monitoring Tool", indicated the following blood sugars that fell within call parameters:</p> <p>10/5/11 11:00 A.M. - Accu Check - 51.</p> <p>Interview on 10/13/11 at 3:15 P.M., the</p>				<p>corrective action, the DNS/designee will be responsible for completion of the CQI Audit Tool titled, "Blood Glucose Machines and Testing/Accuchecks". This CQI tool will be completed daily x4 weeks, weekly x 3 months and monthly for six months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up. By what date the systemic changes will be completed: Compliance Date = 11/13/11.</p>		

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F0282 SS=E	<p>DON indicated she is now aware of the issues with incorrect sliding scale coverage and lack of physician notification.</p> <p>A facility policy titled, "Blood Glucose Monitoring", dated 3/10, indicated, "...The physician will be notified when the resident's blood glucose is outside the physician stated parameters..."</p> <p>3.1-5(a)(2)</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to ensure physician orders and plan of care were followed related to blood sugars and administration of insulin coverage for 6 of 9 residents reviewed with diabetes in a sample of 17.</p> <p>Residents # 22, # 35, # 39, # 46, # 51, # 58</p> <p>Findings include:</p>		F0282	<p>F282 – Services by Qualified Persons</p> <p>It is the practice of this provider that services provided or arranged by the facility be provided by qualified persons in accordance with each resident's written plan of care.</p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</i></p> <p><i>Resident #22 – physician has been notified regarding the incorrect administration of sliding scale</i></p>		11/13/2011	

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	<p>1. The clinical record for Resident # 22, reviewed on 10/12/11 at 1:30 P.M., indicated diagnoses of, but not limited to: diabetes mellitus, hypothyroidism, and peripheral vascular disease.</p> <p>A Physician Order, dated 9/4/11, indicated, "...Accu Check 1 hr (hour) after meals, UR (upon rising), 11 AM, 430 PM, PB (prior to bed)....Humalog...per sliding scale; 150=5 units, 151-200=7 units, 201-250=9 units, 251-300=11 units, 301-350=15 units, 351-400=20 units..."</p> <p>Review of the September 2011, "Capillary Blood Glucose Monitoring Tool", indicated the following 6 incorrect sliding scale coverage's:</p> <p>9/6/11 9:00 P.M. - Accu Check - 158. The clinical record indicated 5 units given. The next available Accu Check on 9/7/11 at 9:00 A.M. was 79.</p> <p>9/9/11 9:00 P.M. - Accu Check - 172. The clinical record indicated 5 units given. The next available Accu Check on 9/10/11 at 8:00 A.M. was 101.</p> <p>9/11/11 6:00 P.M. - Accu Check - 245. The clinical record indicated 11 units given. The next available Accu Check on 9/11/11 at 9:00 P.M. was 166.</p> <p>9/14/11 6:00 P.M. - Accu Check - 168. The clinical record indicated 5 units</p>			<p><i>coverage. Sliding scale coverage orders have been re-clarified and physician is aware of this resident's current status. This resident experienced no negative outcome as a result of this finding.</i></p> <p><i>Resident #35 - physician has been notified regarding the incorrect administration of sliding scale coverage. Sliding scale coverage orders have been re-clarified and physician is aware of this resident's current status. This resident experienced no negative outcome as a result of this finding.</i></p> <p><i>Resident #39 - physician has been notified regarding the incorrect administration of sliding scale coverage. Sliding scale coverage orders have been re-clarified and physician is aware of this resident's current status. This resident experienced no negative outcome as a result of this finding.</i></p> <p><i>Resident #46 - physician has been notified regarding the incorrect administration of sliding scale coverage. Sliding scale coverage orders have been re-clarified and physician is aware of this resident's current status. This resident experienced no negative outcome as a result of this finding.</i></p> <p><i>Resident #51 - physician has been notified regarding the incorrect administration of sliding scale coverage. Sliding scale coverage orders have been re-clarified and physician is aware of this resident's</i></p>			

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	<p>given. The next available Accu Check at 9:00 P.M. was 275. 9/15/11 6:00 P.M. - Accu Check - 190. The clinical record indicated 5 units given. The next available Accu Check at 9:00 P.M. was 168. 9/15/11 9:00 P.M. - Accu Check - 168. The clinical record indicated 5 units given. The next available Accu Check on 9/16/11 at 9:00 A.M. was 115.</p> <p>Review of the October 1st through 11th, 2011, "Capillary Blood Glucose Monitoring Tool", indicated the following 4 incorrect sliding scale coverage's:</p> <p>10/1/11 6:00 P.M. - Accu Check - 144. The clinical record indicated 5 units given. The next available Accu Check on 10/1/11 at 9:00 P.M. was 85. 10/5/11 9:00 P.M. - Accu Check - 207. The clinical record indicated 7 units given. The next available Accu Check on 10/6/11 at 8:00 A.M. was 42. 10/6/11 9:00 P.M. - Accu Check - 103. The clinical record indicated 4 units given. The next available Accu Check on 10/7/11 at 8:00 A.M. was 41. 10/7/11 4:10 P.M. - Accu Check - 251 The clinical record lacked documentation of coverage. The next available Accu Check at 9:00 P.M. was 350.</p> <p>Resident # 22's Care Plan, dated 7/6/11,</p>				<p><i>current status. This resident experienced no negative outcome as a result of this finding.</i> <i>Resident #58 - physician has been notified regarding the incorrect administration of sliding scale coverage. Sliding scale coverage orders have been re-clarified and physician is aware of this resident's current status. This resident experienced no negative outcome as a result of this finding.</i></p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All residents with orders for sliding scale insulin coverage have the potential to be affected by this finding. A facility review will be conducted on all residents with orders for sliding scale coverage. This facility review will ensure all residents with sliding scale coverage are receiving accurate units of coverage per physician's order. Any discrepancies noted during this audit will be clarified/corrected at that time and promptly reported to the physician. The Nurse Management Team is responsible for completion of this audit.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: A mandatory Nursing In-service will be held on November 1, 2011. This</p>		

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	<p>indicated, "...Medications as ordered..."</p> <p>During interview with RN # 2 on 10/12/11 at 2:50 P.M., he indicated the flow sheet contained blood sugar results that received the wrong sliding scale coverage.</p> <p>2. The clinical record for Resident # 35, reviewed on 10/13/11 at 9:45 A.M., indicated diagnoses of, but not limited to: diabetes mellitus, coronary artery disease, and congestive heart failure.</p> <p>A Physician Order, dated 4/25/11, indicated, "...Accu Checks before meals and bedtime, UR, 11 AM, 4 PM, PB..."</p> <p>A second Physician Order, dated 5/10/11, indicated, "...Novolog...per sliding scale: before meals only: < (less than) 150=0 units, 150-200=2 units, 201-250=4 units, 251-300=6 units, 301-350=8 units, 351-400=10 units..."</p> <p>A third Physician Order, dated 5/26/11, indicated, "...No sliding scale insulin at bedtime..."</p> <p>Review of the August 2011, "Capillary Blood Glucose Monitoring Tool", indicated the following incorrect sliding scale coverage's:</p>			<p>in-service will include review of the facility policy titled, "Blood Glucose Monitoring". This in-service will also review the importance of strict adherence to all sliding scale insulin orders. During this in-service, all nurses will be strongly encouraged to follow best practice guidelines and have another nurse "double check" and verify the physician's order against the insulin drawn up and prepared prior to administration. The Nurse Management Team will begin reviewing all Blood Glucose Monitoring Flow Records in the morning meeting to ensure correct sliding scale coverage has been administered per physician's order. The SDC/designee is responsible for conducting this mandatory in-service.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>To ensure ongoing compliance with this corrective action, the DNS/designee will be responsible for completion of the CQI Audit tool titled, "Blood Glucose Machines and Testing/Acuchecks". This CQI tool will be completed daily x4 weeks, weekly x3 months and monthly for six months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for</p>			

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	<p>8/28/11 8:00 P.M. - Accu Check - 154. The clinical record indicated 2 units given. The next available Accu Check on 8/29/11 at 7:10 A.M. was 161.</p> <p>Review of the September 2011, "Capillary Blood Glucose Monitoring Tool", indicated the following incorrect sliding scale coverage's:</p> <p>9/8/11 8:00 P.M. - Accu Check - 150. The clinical record indicated 2 units given. The next available Accu Check on 9/9/11 at 7:00 A.M. was 94</p> <p>Review of the October 1st through 11th, 2011, "Capillary Blood Glucose Monitoring Tool", indicated the following incorrect sliding scale coverage's:</p> <p>10/10/11 PB - Accu Check - 201. The clinical record indicated 4 units given. The next available Accu Check on 10/11/11 UR was 102.</p> <p>Resident # 35's Care Plan, dated 5/4/11, indicated, "...Medications as ordered..."</p> <p>3. The clinical record for Resident # 39, reviewed on 10/13/11 at 11:10 A.M., indicated diagnoses of, but not limited to: diabetes mellitus, peripheral neuropathy, and hypertension.</p>				<p>review and follow up. By what date the systemic changes will be completed: Compliance Date = 11/13/11.</p>		

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	<p>A Physician Order, dated 2/24/11, indicated, "...Accu Check four times daily, UR (upon rising), 11 AM, 4 PM, PB (prior to bed)..."</p> <p>A second Physician Order, dated 1/13/11, indicated, "...Novolog...per sliding scale: 150-200=2 units, 201-250=4 units, 251-300=6 units, 301-350=8 units, 351-400=10 units... **Do not give sliding scale coverage at bedtime - only meals..."</p> <p>Review of the August 2011, "Capillary Blood Glucose Monitoring Tool", indicated the following 11 incorrect sliding scale coverage's:</p> <p>8/1/11 8:00 P.M. - Accu Check - 164. The clinical record indicated 2 units given. The next available Accu Check on 8/2/11 at 8:00 A.M. was 311. 8/2/11 8:00 P.M. - Accu Check - 302. The clinical record indicated 8 units given. The next available Accu Check on 8/3/11 at 8:00 A.M. was 61. 8/7/11 4:00 P.M. - Accu Check - 410. The clinical record indicated 10 units given. The next available Accu Check on 8/11/11 at 9:00 P.M. was 279. 8/7/11 9:00 P.M. - Accu Check - 279. The clinical record indicated 4 units given. The next available Accu Check UR was 59. 8/8/11 11:45 A.M. - Accu Check - 255.</p>						

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NAME OF PROVIDER OR SUPPLIER WEST BEND NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 W WASHINGTON AVE SOUTH BEND, IN46619			
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	<p>The clinical record indicated 4 units given. The next available Accu Check at 8:00 P.M. was 206. 8/10/11 8:00 P.M. - Accu Check - 377. The clinical record indicated 10 units given. The next available Accu Check on 8/11/11 UR was 111. 8/12/11 11:50 A.M. - Accu Check - 183. The clinical record indicated 0 units given. The next available Accu Check at 3:20 P.M. was 58. 8/15/11 8:00 P.M. - Accu Check - 250. The clinical record indicated 4 units given. The next available Accu Check on 8/16/11 at 7:00 A.M. was 40. 8/19/11 12:00 P.M. - Accu Check - 207. The clinical record lacked documentation of coverage given. The next available Accu Check at 4:00 P.M. was 218. 8/26/11 8:00 P.M. - Accu Check - 276. The clinical record indicated 6 units given. The next available Accu Check on 8/27/11 UR was 261. 8/28/11 4:15 P.M. - Accu Check - 345. The clinical record indicated 6 units given. The next available Accu Check at 8:30 P.M. was 68</p> <p>Review of the September 2011, "Capillary Blood Glucose Monitoring Tool", indicated the following 14 incorrect sliding scale coverage's:</p> <p>9/1/11 8:00 P.M. - Accu Check - 196.</p>						

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	<p>The clinical record indicated 2 units given. The next available Accu Check on 9/2/11 at 7:20 A.M. was 348. 9/10/11 8:00 P.M. - Accu Check - 205. The clinical record indicated 4 units given. The next available Accu Check on 9/11/11 at 7:00 A.M. was 253. 9/11/11 9:00 P.M. - Accu Check - 289. The clinical record indicated 6 units given. The next available Accu Check on 9/12/11 at 7:30 A.M. was 110. 9/15/11 UR - Accu Check - 346. The clinical record indicated 10 units given. The next available Accu Check was 12:00 P.M. was 171. 9/17/11 7:00 A.M. - Accu Check - 401. The clinical record indicated 10 units given. The next available Accu Check at 12:00 P.M. was 152. 9/20/11 4:00 P.M. - Accu Check - 219. The clinical record lacked documentation of coverage given. The next available Accu Check at 9:00 P.M. was 71. 9/21/11 8:00 A.M. - Accu Check - 453. The clinical record indicated 10 units given. The next available Accu Check at 12:00 P.M. was 224. 9/24/11 12:00 P.M. - Accu Check - 361. The clinical record indicated 8 units given. The next available Accu Check on at 4:00 P.M. was 68. 9/25/11 7:00 A.M. - Accu Check - 208. The clinical record indicated 2 units given. The next available Accu Check at</p>						

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	<p>12:00 P.M. was 374. 9/25/11 12:00 P.M. - Accu Check - 374. The clinical record indicated 8 units given. The next available Accu Check on at 4:00 P.M. was 342. 9/25/11 8:00 P.M. - Accu Check - 193. The clinical record indicated 2 units given. The next available Accu Check on 9/26/11 at 7:15 A.M. was 229. 9/27/11 8:00 P.M. - Accu Check - 203. The clinical record indicated 4 units given. The next available Accu Check on 9/28/11 at 7:00 A.M. was 426. 9/28/11 7:00 A.M. - Accu Check - 426. The clinical record indicated 10 units given. The next available Accu Check at 12:00 P.M. was 230. 9/30/11 11:30 A.M. - Accu Check - 355. The clinical record indicated 8 units given. The next available Accu Check at 4:00 P.M. was 266.</p> <p>Review of the October 1st through 11th, 2011, "Capillary Blood Glucose Monitoring Tool", indicated the following 3 incorrect sliding scale coverage's:</p> <p>10/1/11 PB - Accu Check - 188. The clinical record indicated 2 units given. The next available Accu Check on 10/2/11 UR was 300. 10/2/11 PB - Accu Check - 184. The clinical record indicated 2 units given. The next available Accu Check on</p>						

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	<p>10/3/11 UR was 185.</p> <p>10/3/11 PB - Accu Check - 176. The clinical record indicated 2 units given. The next available Accu Check on 10/4/11 UR was 189.</p> <p>Resident # 39's Care Plan, dated 8/16/10, updated last on 8/17/11, indicated, "...Administer meds as ordered...Sliding scale as ordered..."</p> <p>Interview on 10/13/11 at 3:15 P.M., the DON indicated she is now aware of the issues with incorrect sliding scale coverage.</p> <p>4. The record of Resident #46 was reviewed on 10/13/11 at 2:00 p.m., and indicated Resident #46's diagnoses included, but were not limited to, diabetes.</p> <p>The October 2011 Physician's Order Sheet dated 8/26/11 indicated the resident was to have accuchecks before meals and at bedtime. The order indicated administer Humalog 100 units/milliliters subcutaneously according to a sliding scale if the blood sugar was 201 to 250 give 2 units, and if 251 to 300 give 3 units of insulin.</p>						

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	<p>The Blood Glucose Monitoring Tool dated 10/4/11 at 4 p.m. indicated the resident's blood sugar result was 257 and had received 2 units of insulin instead of 3 units.</p> <p>5. The record of Resident #51 was reviewed on 10/13/11 at 2:45 p.m., and indicated Resident #51's diagnoses included, but were not limited to, diabetes.</p> <p>The Physician's Order Sheet for September 2011 dated 5/4/11 indicated the resident was to have accuchecks before meals and at bedtime. The order indicated administer Novolin R 100 units/milliliters subcutaneously according to a sliding scale if the blood sugar was 201 to 250 give 6 units and 251 to 300 give 9 units of insulin.</p> <p>The Blood Glucose Monitoring Tool dated 9/13/11 at 11 a.m. indicated the resident's blood sugar result was 284 and was given 6 units of insulin instead of 9 units. Also, on 9/16/11 at 11 a.m. the resident's blood sugar was 264 and had received 6 units of insulin instead of 9 units.</p> <p>6. The record of Resident #58 was</p>						

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	<p>reviewed on 10/13/11 at 9:00 a.m., and indicated Resident #58's diagnoses included, but were not limited to, diabetes.</p> <p>The October 2011 Physician's Order Sheet dated 6/17/11 indicated the resident was to have accuchecks before meals and at bedtime. An order dated 7/20/11 indicated administer Novolin R 100 units/milliliters subcutaneously according to a sliding scale if the blood sugar was 301 to 350 give 8 units and 351 to 400 give 10 units of insulin.</p> <p>The Blood Glucose Monitoring Tool dated 9/23/11 at 8 p.m. indicated the resident's blood sugar result was 325 and had received 10 unit instead of 8 units.</p> <p>On 10/14/11 at 8:45 a.m. an interview with the Director of Nursing (DON) in regard to the Resident's #46, #51 and #58 incorrect insulin dosages with sliding scales. The DON indicated she is unsure why Resident's #46, #51 and #58 had received the incorrect dosage with the sliding scale.</p> <p>3.1-35(g)(2)</p>						

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F0371 SS=F	<p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation and interview the facility failed to ensure food preparation and serving dishes were clean and sanitary and that dishes were stored correctly. This deficient practice had the potential to effect 81 of 82 residents who receive meals prepared in 1 of 1 facility kitchen.</p> <p>Findings include:</p> <p>During initial tour of the facility's kitchen conducted with the Dietary Manager on 10/11/11 at 10:00 A.M., the following observations were made:</p> <p>Dried on particles:</p> <p>1 of 2 Whisks with red substance</p> <p>1 of 1 large stainless steel stirring spoon</p> <p>5 of 12 soup cups</p> <p>4 of 5 red dinner plates</p> <p>1 of 1 red dinner plate with a chip along the ring of the plate</p> <p>The knife holder on the wall had a sticky buildup along the top surface.</p>			F0371	<p>F371 – Food Procure, Store/Prepare/Serve – Sanitary</p> <p>It is the practice of this provider to procure food from sources approved or considered satisfactory by Federal, State or local authorities and to store, prepare, distribute and serve food under sanitary conditions.</p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</i></p> <p>All specifically identified issues noted in the kitchen have been thoroughly cleaned and/or sanitized.</p> <p><i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</i></p> <p>All residents have the potential to be affected by this finding. Dietary staff will conduct a thorough, detailed inspection for cleanliness of the entire kitchen. This inspection will also include cleaning and sanitizing of dishes, kitchen appliances and equipment. The DSM is responsible for all cleaning and sanitation tasks for the Dietary Department. The DSM will record all cleaning and sanitation tasks for the Dietary Department. A daily cleaning</p>		11/13/2011

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	<p>The toaster oven had a buildup of sticky substance in the tray along with a buildup of crumbs.</p> <p>The microwave had a small amount of dried particles on the inside along with a sticky substance.</p> <p>The top of the coffee maker had a dust buildup on the top.</p> <p>A moderate amount of dust buildup was noted on 4 of 5 of the sprinkler heads in the kitchen area.</p> <p>Interview with the Dietary Manager on 10/11/11 at 11:55 A.M., she indicated the above plates, cups, and utensils were all clean and ready to be used. She further indicated the dishes chip very easily. She also indicated that the staff members are "checked out" as far as cleaning equipment and areas of the kitchen prior to them leaving their shift. She further indicated maintenance is responsible for cleaning the sprinkler heads and she would put a work order in for that.</p> <p>3.1-21(i)(2)</p>			<p>schedule will be posted for all kitchen cleaning tasks and duties.</p> <p><i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</i></p> <p>A mandatory Dietary staff In-service will be held on November 4, 2011. This in-service will include review of the facility policy related to proper cleaning of kitchen appliances, equipment and sprinkler heads. This in-service will also review proper cleaning/sanitizing of dishes and utensils as well as the procedure when chips/nicks are noted on serving dishes. The DSM/designee is responsible for conducting this mandatory in-service. The DSM will review the Daily Cleaning Schedules and do random inspections of all cleaning responsibilities in the kitchen including appliances, equipment, dishes and utensils.</p> <p><i>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</i></p> <p>To ensure ongoing compliance with this corrective action, a Dietary CQI tool titled, "Daily Cleaning Schedule" will be completed twice daily x 4 weeks and daily thereafter. The DSM/designee is responsible for compliance with this CQI tool. Findings will be submitted to the CQI Committee for review and follow up.</p> <p><i>By what date the systemic changes</i></p>			

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F0508 SS=D	<p>The facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on interview and record review the facility failed to ensure an Electrocardiogram (EKG) was obtained for 1 resident who was on a medication that required monitoring.</p> <p>This deficiency affected 1 of 14 residents reviewed for diagnostic tests in a sample of 17 (Resident # 58).</p> <p>Finding Include:</p> <p>The record of Resident #58 was reviewed on 10/13/11 at 9:00 a.m., and indicated Resident #58's diagnoses included, but were not limited to, bipolar.</p> <p>The Physician Order Sheet for October 2011 indicated an order dated 2/26/11 to obtain an EKG every 3 months due to the resident being prescribed the medication geodon.</p> <p>The Radiology reports indicated EKGs were done on 2/4/11 and 7/30/11. There was no EKG results for May 2011.</p> <p>During an interview with the DON (Director of Nursing) on 10/14/11 at</p>			F0508	<p>will be completed: Compliance Date = 11/13/11.</p> <p>F508 – Provide/Obtain Radiology/Diagnostic Services It is the practice of this provider to provide quality and timely radiology and other diagnostic services to meet the needs of its residents. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: <i>Resident #58 – new EKG was obtained for this resident on September 28, 2011. This resident experienced no negative outcome as a result of this finding.</i> How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: Any resident with orders for radiological or other diagnostic services has the potential to be affected by this finding. A facility audit will be conducted. This audit will identify all residents with orders for radiology or other diagnostic services and ensure that all tests and services have been obtained as ordered. Any discrepancies noted will be clarified/corrected when identified. The Nurse Management Team is responsible for completion</p>		11/13/2011

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	11:45 a.m. she indicated the EKG should had been done every 3 months, or, in May 2011 and she is unsure if the EKG was completed. 3.1-49(g)			<p>of this audit. In addition, a new vendor has been contracted to provide radiological or other diagnostic services effective 10/26/11.</p> <p><i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</i></p> <p>A mandatory Nursing In-service is scheduled for November 1, 2011. This in-service will include review of the facility policy regarding providing Radiology and Diagnostic Services to the facility. The nurses will be re-educated on the procedure for ordering and obtaining Radiology and Diagnostic Services per physician's order. They will also be re-educated on the procedure for obtaining the results of these tests and services as well as notification to the physician and documentation regarding this notification. The SDC/designee is responsible for conducting this in-service. The Nurse Management Team will review all orders for Radiology and Diagnostics Services during the monthly Rewrite process to ensure all tests and services have been obtained as ordered.</p> <p><i>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</i></p> <p>To ensure ongoing compliance with this corrective action, the</p>			

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F0514 SS=D	<p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to ensure resident records were complete and accurately documented in regards to blood sugar results for 2 of 9 diabetic residents reviewed for complete medical records in a sample of 17.</p> <p>Resident # 35, # 39</p> <p>Findings include:</p> <p>1. The clinical record for Resident # 35,</p>		F0514	<p>DNS/designee will be responsible for completion of the CQI Audit tool titled, "Labs/Diagnostics". This audit tool will be completed monthly x 3 months and quarterly for six months. If threshold of 90% s not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up.</p> <p>By what date the systemic changes will be completed: Compliance Date = 11/13/11.</p> <p>F514 – Records-Complete/Accurate/Accessible It is the practice of this provider to maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident #35 – clinical record has been</p>		11/13/2011	

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	<p>reviewed on 10/13/11 at 9:45 A.M., indicated diagnoses of, but not limited to: diabetes mellitus, coronary artery disease, and congestive heart failure.</p> <p>A Physician Order, dated 4/25/11, indicated, "...Accu Checks before meals and bedtime..."</p> <p>Review of the August 2011, "Capillary Blood Glucose Monitoring Tool", indicated the following 4 missing Accu Check results:</p> <p>8/3/11 11:00 A.M. 8/7/11 9:00 P.M. 8/23/11 9:00 P.M. 8/31/11 11:00 A.M.</p> <p>Review of the September 2011, "Capillary Blood Glucose Monitoring Tool", indicated the following 11 missing Accu Check results:</p> <p>9/4/11 11:00 A.M. 9/10/11 11:00 A.M. 9/10/11 9:00 P.M. 9/11/11 7:00 A.M. 9/11/11 11:00 A.M. 9/14/11 11:00 A.M. 9/17/11 11:00 A.M. 9/21/11 11:00 A.M. 9/23/11 9:00 P.M. 9/25/11 9:00 P.M.</p>			<p><i>reviewed and the physician has been made aware of the missing accucheck results. This resident experienced no negative outcome as a result of this finding. Resident #39 - clinical record has been reviewed and the physician has been made aware of the missing accucheck results. This resident experienced no negative outcome as a result of this finding. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All residents with orders for accuchecks/blood glucose monitoring have the potential to be affected by this finding. A facility audit and clinical record review will be conducted. This review will identify any resident with orders for accuchecks/blood glucose monitoring who have missing entries for accucheck results. Any identified residents noted to have missing entries for accucheck/blood glucose results will be reported to the physician promptly. New physician orders or clarifications will be obtained and followed as ordered. The Nurse Management Team is responsible for completion of this facility review. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: A Nursing In-Service will be</i></p>			

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NAME OF PROVIDER OR SUPPLIER WEST BEND NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 4600 W WASHINGTON AVE SOUTH BEND, IN46619		
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	<p>9/30/11 9:00 P.M.</p> <p>Resident # 35's Care Plan, dated 5/4/11, indicated, "...Blood sugar testing as ordered...</p> <p>2. The clinical record for Resident # 39, reviewed on 10/13/11 at 11:10 A.M., indicated diagnoses of, but not limited to: diabetes mellitus, hypertension, and peripheral neuropathy.</p> <p>A Physician Order, dated 2/24/11, indicated, "...Accu Check four times daily..."</p> <p>Review of the August 2011, "Capillary Blood Glucose Monitoring Tool", indicated the following 4 missing Accu Check results:</p> <p>8/9/11 9:00 P.M. 8/17/11 11:00 A.M.</p> <p>Review of the September 2011, "Capillary Blood Glucose Monitoring Tool", indicated the following 11 missing Accu Check results:</p> <p>9/12/11 5:00 P.M. 9/25/11 9:00 P.M. 9/30/11 9:00 P.M.</p> <p>Interview on 10/13/11 at 3:15 P.M., the</p>		<p>conducted on November 1, 2011. This in-service will include review of the facility policy titled, "Blood Glucose Monitoring". Nursing staff will be re-educated on the procedure for obtaining accucheck/blood glucose results per physicians order as well as the required corresponding documentation in the resident's clinical record. The SDC/designee is responsible for conducting this in-service. The Nurse Management Team will begin reviewing all Blood Glucose Monitoring Flow Records during the morning meeting to ensure all required documentation related to blood glucose results is present.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>To ensure compliance with this corrective action, the DNS/designee will be responsible for completion of the CQI Audit Tool titled, "Blood Glucose Machines and Testing/Accuchecks". This CQI tool will be completed daily x4 weeks, weekly x 3 months and monthly for six months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up. By what date the systemic changes will be completed: Compliance Date: 11/13/11.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	<p>DON indicated she is now aware of the issues with incorrect sliding scale coverage and lack of documentation.</p> <p>A facility policy titled, "Blood Glucose Monitoring", dated 3/10, indicated, "...Blood glucose results will be documented on the Capillary Blood Glucose Monitoring Tool or on the medication administration record..."</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>						